



LINDA A. KELLEHER
CITY CLERK

CITY OF READING, PENNSYLVANIA

CITY COUNCIL
ROOM 2-24
815 WASHINGTON STREET
READING, PA 19601-3690
(610) 655-6204

SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

INSTRUCTIONS: Please type or print legibly. This form supplements the Statement of Financial Interest form issued by the State Ethics Commission.

01	Cituk	David	M.
	Last name	First name	Middle initial
02	321 S 11 th Street	Reading	PA 19602
	Residence Street Address	City	State Zip Code
03	City Auditor	(610)	655-6123
	Position with the City of Reading	Area Code	Phone Number
04	321 S 11 th Street	Reading	PA 19602
	REAL ESTATE INTERESTS: List the address of any property in the City of Reading in which you, your spouse, or any member of your immediate family have any ownership interest.		

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. s4904 (unsworn falsifications to authorities).

Signature David M. Cituk Date 3-6-15

ALL statements of Financial Interest are available for public inspection and copying during regular office hours.

Revised 4/00

RECEIVED
MAR 09 2015

BY: mak



FAX: (610) 655-6697 TDD: (610) 655-6442

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
C I T U K D A V I D M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
321 S 11th St. Reading PA 19602 (610) 655-6123

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☒ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this block if you are filling as a solicitor ☐ Check this block if you are amending an original filing

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☒ hold ☐ held

A C I T Y A U D I T O R

☐ seeking ☒ hold ☐ held

B P E N S I O N B O A R D M E M B E R

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A C I T Y O F R E A D I N G

B C I T Y O F R E A D I N G

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filled. SEE INSTRUCTIONS.

AUDITOR 2014

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☒ Interest Rate

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐ (OFFICIAL USE ONLY)

Name: City of Reading Address: 615 Washington St, Rdy, PA

1st Priority bank, Customers Bank, Janney

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒ Value

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒ Position Held

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒ Interest Held

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature David M. Cituk Enter Current Date 3-6-15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	CITUK	DAVID	M	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	321 S 11th St	Reading	PA	19602	(610)	655-6123

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03	STATUS	Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)				<input type="checkbox"/> Check this block if you are amending an original filing
	A <input checked="" type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor		
	B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A	CITY AUDITOR			
B	PENSION BOARD MEMBER	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held

05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A	CITY OF READING
B	CITY OF READING

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
	AUDITOR	2014

08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Rate
	Name: Address:	

10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
	Name: City of Reading Address: 815 Washington St. Rdg PA	
	1st Priority Bank, Customers Bank, Janney	

11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
	Source of Gift	
	Address of Source of Gift	
	Circumstances (including description) of Gift	

12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value
	Source (Name and Address)	

13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Position Held
	Business Entity (Name and Address)	
	Name: Address:	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Name and Address of Business	
	BY: Mark	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Business (Name and Address)	Relationship
	Transferee (Name and Address)	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature David M. Cituk Enter Current Date 3-9-15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

City of Reading

Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

David M. Citok
Printed Name

David M. Citok
Signature

3/27/15
Date

RECEIVED
MAR 27 2015

BY: Made

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME										FIRST NAME										MI	SUFFIX						
C I T U K										D A V I D										M							
02 ADDRESS office (business or governmental) or home										City										State		Zip Code		Area Code		Phone	
321 S 11th St.										Reading										PA		19602		(610)		655-6123	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.																											
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B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)																											
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B PENSION BOARD MEMBER																											
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)																											
A CITY OF READING																											
B CITY OF READING																											
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AUDITOR										2014																	
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Source of Gift										MAR 2 2015																	
Address of Source of Gift										Circumstances (including description) of Gift																	
										BY: Mark																	
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Business Entity (Name and Address)																											
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Name and Address of Business																											
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>										Interest Held Relationship Date Transferred																	
Business (Name and Address)																											
Transferee (Name and Address)																											

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Signature

David M. Cituk

Enter Current Date

3-6-15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Dave										
STREET ADDRESS 321 S 11th Street										
CITY Reading				STATE PA		ZIP CODE 19602				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY		City Auditor			Reading		DEM		MO. DAY YEAR	
2. 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR	
3. 30 DAY POST-PRIMARY		1 1 14			12 31 14					
4. 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:			\$ 327.50					
5. 2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ -0-					
6. 30 DAY POST-ELECTION		AMENDMENT REPORT?			YES NO		YES NO			
7. ANNUAL REPORT <input checked="" type="checkbox"/>		TERMINATION REPORT?			YES NO		YES NO			
FOR OFFICE USE ONLY										
<div style="text-align: center;"> <p>RECEIVED</p> <p>BERKS COUNTY</p> <p>ELECTION SERVICES</p> <p>2015 JAN 27 PM 4</p> </div>										

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

27th DAY OF JANUARY 2015

Debra A. Thornburg

SIGNATURE

5 25 15
MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

Victor B. Juzylk

PRINTED NAME

610 587-9957
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Debra A. Thornburg, Notary Public

City of Reading, Berks County

My Commission Expires May 23, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

27th DAY OF JANUARY 2015

Debra A. Thornburg

SIGNATURE

5 23 15
MO. DAY YR.

SIGNATURE OF CANDIDATE

David M. Cituk

PRINTED NAME

610 655-6123
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Debra A. Thornburg, Notary Public

City of Reading, Berks County

My Commission Expires May 23, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Department of State • Bureau of Commissions, Elections and Legislation
303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	1.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST David M. Cituk								
STREET ADDRESS 321 S 11 th Street								
CITY Reading				STATE PA		ZIP CODE 19602		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
1. 6TH TUESDAY PRE-PRIMARY		City Auditor		Reading	DEM	MO.	DAY	YEAR
2. 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
3. 30 DAY POST-PRIMARY		1 1 14 TO 12 31 14						
4. 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <1,869.45>				
5. 2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ — 0 —				
6. 30 DAY POST-ELECTION		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
7. ANNUAL REPORT <input checked="" type="checkbox"/>		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

RECEIVED
BERKS COUNTY
ELECTION SERVICES
2015 JAN 27 PM 4 15

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

27th DAY OF JANUARY 2015

Debra A. Thornburg

COMMONWEALTH OF PENNSYLVANIA

Notary Seal

Debra A. Thornburg, Notary Public

City of Reading, Berks County

My Commission Expires May 23, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE

5 23 2017

MO. DAY YR.

David M. Cituk

SIGNATURE OF PERSON SUBMITTING REPORT

DAVID M. CITUK

PRINTED NAME

610

AREA CODE

655-6123

DAYTIME TELEPHONE NUMBER

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF 20

SIGNATURE OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee: Friends of Dave 321 S 11th Street
Reading, PA 19602

Name of Candidate: David M. Citok

Bank Account Information of Committee: Santander Bank

Treasurer's Name: Peter B. Juzyk

Date Formed: 4-19-1999

Report Prepared By:

David M. Citok
Name: 3/27/15

Date:

RECEIVED
MAR 27 2015

BY: mc-b

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Dave									
STREET ADDRESS 321 S 11th Street									
CITY Reading					STATE PA		ZIP CODE 19602		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1. City Auditor			Reading	DEM	MO. DAY YEAR		
2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>							
30 DAY POST-PRIMARY		3.							
6TH TUESDAY PRE-ELECTION		4.							
2ND FRIDAY PRE-ELECTION		5.							
30 DAY POST-ELECTION		6.							
ANNUAL REPORT		7.							
		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR
					1 1 15				5 4 15
CASH BALANCE AT END OF REPORTING PERIOD:					\$ 537.35				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:					\$ - 0 -				
		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY									
RECEIVED BERKS COUNTY ELECTION SERVICES 2015 MAY 8 PM 1									

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
8 th DAY OF <u>May</u> 20 <u>15</u>			
		PRINTED NAME	
MY COMMISSION EXPIRES		610 587-9957	
MO. DAY YR. 5 23 17		AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF CANDIDATE	
8 th DAY OF <u>May</u> 20 <u>15</u>			
		PRINTED NAME	
MY COMMISSION EXPIRES		610 655-6123	
MO. DAY YR. 5 23 17		AREA CODE DAYTIME TELEPHONE NUMBER	

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Debra A. Thornburg, Notary Public
City of Reading, Berks County
My Commission Expires May 23, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Debra A. Thornburg, Notary Public
City of Reading, Berks County
My Commission Expires May 23, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

RECEIVED
MAY 10 2015
BY: Mark

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST David M. Cituk						
STREET ADDRESS 321 S 11th Street						
CITY Reading			STATE PA	ZIP CODE 19602		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		City Auditor		Reading	DEM	MO. DAY YEAR _____
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 15 TO 5 4 15		CASH BALANCE AT END OF REPORTING PERIOD: \$ 2,114.45 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED BERKS COUNTY ELECTION SERVICE 2015 MAY 8 PM 1 </div>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS 8th DAY OF May 20 15 Debra A. Thornburg SIGNATURE		David M. Cituk SIGNATURE OF PERSON SUBMITTING REPORT DAVID M. CITUK PRINTED NAME	
MY COMMISSION EXPIRES 5 23 17 MO. DAY YR.		610 655-6123 AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE		SIGNATURE OF CANDIDATE _____ PRINTED NAME _____	
MY COMMISSION EXPIRES _____ MO. DAY YR.		AREA CODE _____ DAYTIME TELEPHONE NUMBER _____	

BY: Mak